

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

NAME:

GE/WH/TA/RV ID. NO. _____

PLEASE CHANGE MY:

☐ MAILING ADDRESS TO:

☐ BUSINESS ADDRESS TO:

c/o or "In care of"

Street

Street

City/State

Zip Code + 4

City/State

Zip Code + 4

Phone No. () (Business)

() (Residence)

NOTE:

If you would like your withholding and/or transient accommodations and/or rental motor vehicle & tour vehicle surcharge booklet(s) mailed to an address other than the one listed above, please fill out the following:

☐ Separate Withholding Tax mailing address:

☐ Separate Transient Accommodations Tax mailing address:

c/o or "In care of"

c/o or "In care of"

Street

Street

City/State

Zip Code + 4

City/State

Zip Code + 4

☐ Separate Rental Motor Vehicle and Tour Vehicle Surcharge Tax mailing address:

c/o or "In care of"

Street

City/State

Zip Code + 4

Signature

Date

Title

— MAILING ADDRESSES —

OAHU DISTRICT OFFICE
P.O. BOX 1425
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE
P.O. BOX 1427
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1687
LIHUE, HI 96766-5687

THIS SPACE FOR DATE RECEIVED STAMP